				A	Date (DD/MM/YYYY)
		opens.		В	OPD No. (New)
		A.	_p d	С	OPD No. (Revisit)
	,			D	Referred From 1=CU, 2=From other facility, 3= Within,4=N/ A
				ш	Full Names (THREE names)
				П	Age in Years
				ລ	Sex
			3	r	County/Sub- county
			-		Village / Estate / Landmark
					Patient/ Parent/Caregiver/ s Telephone No.
			_		Weig

Weight Height X BMI (Kg/m²) 3 Z 0 Visual Acuity "RE (Right Eye) 'LE (Left Eye) T al TB Screening Malaria 1. presumed 1. Presenting with TB 2. No signs symptoms NOT Tested Treatment 2. RDT Tested (-ve) 4. Not done (-ve) 4. RDT Tested (+ve) 5. Microscopy Tested (+ve) Q R Diagnosis S Treatment/Prescription Referred to (1==CU,2= to other H/F, 3= within the facility/ 4=N/A) Remarks/Outcome ٤

MOH 204B_OP Over 5yrs_Register

				No of Re-attendants:	No. of New patients:								
						Female:							_
						Male:				22772			_
			Referrals										
To Within the facility:	To Other Health Facility:	To Community Unit:	From Within the facility:	From Community Unit:	From Other Health Facility:								-